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Health Reform Implementation Council of the State of Illinois - September 22, 2010

Good Afternoon, I am Niva Lubin-Johnson, MD, FACP Past President of Prairie State Medical Society, the Illinois Constituent Society of the National Medical Association, the oldest organization representing African American professionals. NMA represents African American physicians and the patients we serve. I am also, past Chair of its' Board of Trustees and past Speaker of the House of Delegates. We were founded in 1895 because, African American physicians were not allowed to join the American Medical Association, until the middle of the last century. We supported the creation of Medicare and Medicaid by President Lyndon Johnson whereas AMA did not. NMA is the "Conscience of Medicine".

I am pleased to speak before this afternoon at such a historic time for our country and state. The Patient and Protection and Affordable Care Act of 2010 was passed 6 months ago tomorrow and is the first meaningful change and legislation to increase health insurance coverage to over 30,000,000 citizens of America. I applaud Governor Quinn for assembling this council and I hope that its' creation will ensure that the Illinoisans will benefit from this legislation sooner rather than later. We, also, hope that the PPACA will help increase not just the diversity of those receiving care but also those providing the care. Various methods have occurred in terms of decreasing access to healthcare have occurred including "redlining" to patients and "Zip Code" billing and payments to providers. Of course this has led to fewer providers in communities of color and to patients of color. The 2002 Institute of Medicine Report-Unequal Justice-Racism in Medicine concluded that those who look like the community where care is provided,

provide a higher quality of care. The Governor, legislature, and this council must do whatever is in its' power to make sure that quality healthcare is a result of the reforms brought to this state.

Already, insurers have passed one benefit to patients of no more co-pays to infants and children coming in for well-visits and vaccinations but the insurers have not increased the payments to physicians. What will happen to payments to physicians for reading mammograms, doing pap smears or colonoscopies? Will the controversial recommendations of earlier this year to delay mammography screening (stop them and age 70 and decrease pap smears) be resurrected? At a time when there is a recommendation to start colonoscopies for African Americans at 45 instead of 50 (because we get colon cancer earlier and later stage-just like breast cancer) will we be asked to do other methods of testing that are not as sensitive or specific for screening? Who will be there to provide care if these decreases in payments are passed on to physicians?

With the provisions provided for improving prevention, the opportunity is there to decrease health care disparities but with already decreasing payments to Primary Care Providers and others the opposite could potentially occur. Quality and delivery of care should improve and we believe that community health workers from and for the areas we serve will do that. Meaningful programs that have patients have responsibility for getting the care that they need, the medications that they need, the education on lifestyle management that they need, and access to physicians and other providers are necessary, also. The burden of providing quality care must be shared. Physicians alone should not be responsible for making sure patients are showing up for appointments, taking their

medications, and following up for necessary tests. We expect insurers to provide information that physicians need to take better care for patients. Case in point-one insurer in this state will not provide phone numbers for patients to the Independent Practice Associations or Physician Hospital Associations that patients sign-up for but will not allow us to exclude them from our panel when we cannot contact them. The same insurer has said that patients that we know do not have Diabetes but have placed in Quality Improvement Studies for Diabetics cannot be excluded even if that patient has no billings in our organization for Diabetes. We hope that you will make sure that everyone is treated fairly and equitably so everyone can benefit fully from these reforms.